

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BARBARA KALANIKIEKIE KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

2. Article Number
(Transfer from service label) 7099 3220 0009 4304 4648

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To:



7099 3220 0009 4304 4648
7099 3220 0009 4304 4648

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

re: CV 04-449 doc 137

Name (i

BARBARA KALANIKIEKIE KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI HI. 96748

Street,

City, St

PS Form

Instructions

UNITED STATES POSTAL SERVICE

Re: CIVIL 04-00449SOM-LEK
DOCUMENT NO. [137]

address, and ZIP+4 in this box •

U.S. DISTRICT COURT
DISTRICT OF HAWAII
300 ALA MOANA BLVD. C-338
HONOLULU HI. 96850-0338

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII

300 ALA MOANA BLVD., C-338
HONOLULU, HAWAII 96850-0338

CLERK

OFFICIAL BUSINESS

BARBARA KALANIKIEKIE KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

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1. Article Addressed to:

JON HANS KAAPUNI, SR
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

2. Article Number
(Transfer from service label)

7099 3220 0009 4304 4655

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Name

Street

City, State, ZIP+4

re: CV 04-449 doc 137
JON HANS KAAPUNI, SR.
859 KIKIPUA STREET
KAUNAKAKAI HI. 96748

PS Form 3811, August 2001

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DISTRICT OF HAWAII

300 ALA MOANA BLVD., C-338
HONOLULU, HAWAII 96850-0338

CLERK

OFFICIAL BUSINESS

JON HANS KAAPUNI, SR
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

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1. Article Addressed to:

JON HANS KAAPUNI, JR
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

2. Article Number
(Transfer from service label) 7099 3220 0009 4304 4631

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To:

re: CV 04-449 doc 137
JON HANS KAAPUNI, JR.
859 KIKIPUA STREET
KAUNAKAKAI HI. 96748

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$

Postmark
Here

Name

Street

City, St

PS Form

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UNITED STATES POSTAL SERVICE

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DOCUMENT NO. [137]

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U.S. DISTRICT COURT
DISTRICT OF HAWAII
300 ALA MOANA BLVD. C-338
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DISTRICT OF HAWAII

300 ALA MOANA BLVD., C-338
HONOLULU, HAWAII 96850-0338

CLERK

OFFICIAL BUSINESS

JON HANS KAAPUNI, JR
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

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1. Article Addressed to:

PAMELA NOHOLANI KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

2. Article Number
(Transfer from service label)

7099 3220 0009 4304 4686

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Name (I

re: CV 04-449 doc 137
PAMELA NOHOLANI KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI HI. 96748

Street, I

City, St.

PS Form

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UNITED STATES POSTAL SERVICE

Re: CIVIL 04-00449SOM-LEK
DOCUMENT NO. [137]

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

address, and ZIP+4 in this box *

U.S. DISTRICT COURT
DISTRICT OF HAWAII
300 ALA MOANA BLVD. C-338
HONOLULU HI. 96850-0338

UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII

300 ALA MOANA BLVD., C-338

HONOLULU, HAWAII 96850-0338

CLERK

OFFICIAL BUSINESS

PAMELA NOHOLANI KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

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1. Article Addressed to:

FALLON KALANIKIEKIE KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

2. Article Number
(Transfer from service label)

7099 3220 0009 4304 4662

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Name (i)

 re: CV 04-449 doc 137
 FALLON KALANIKIEKIE KAAPUNI
 859 KIKIPUA STREET
 KAUNAKAKAI HI. 96748

Street, #

City, Sta

PS Form

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 HONOLULU HI. 96850-0338

UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII

300 ALA MOANA BLVD., C-338

HONOLULU, HAWAII 96850-0338

CLERK

OFFICIAL BUSINESS

FALLON KALANIKIEKIE KAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

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1. Article Addressed to:

TYRAH NOHOLANI KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

2. Article Number
(Transfer from service label)

7099 3220 0009 4304 4679

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
if YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

re: CV 04-449 doc 137

TYRAH NOHOLANI KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI HI. 96748

Name (I)

Street, #

City, Sta

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